



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

December 2, 2011

Ms. Melissa Jackson, Administrator  
Vermont Veterans' Home  
325 North Street  
Bennington, VT 05201-5014

Provider #: 475032

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **November 9, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

NOV 23 2011

PRINTED: 11/15/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/09/2011
NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	Please note, that the filing of this plan of correction does not constitute any admission as to any of the alleged violations set forth in this Statement of Deficiency. The POC is being filed as evidence of the Facility's continued compliance with all applicable laws.	
F 164 SS=C	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 164	<p><b>F164</b> <u>Corrective Action:</u> The facility prohibits sending resident- identifiable information via email and ensures the privacy/confidentiality of records.</p> <p><u>Other Residents:</u> All Resident are at risk.</p> <p><u>Systemic Changes:</u> (1)The facility staff, consultants, and contractors with email access, will be educated on the facility policy regarding emailing resident-identifiable information. (Attachment A1) (2) Facility consultant and contractors will be re-issued our Business Associates Agreement (Attachment A2)</p> <p><u>Monitoring:</u> The Administrator or designee will conduct 3 weekly random audits of employee emails to ensure no resident- identifiable information is being shared. x 60 days (Attachment A3). Audit findings will be reported at the bimonthly QA Meeting</p> <p><u>Compliance Date:</u> November 27, 2011 F164 POC accepted 11/30/11 <i>Amotaru</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Melissa Jackson* Administrator 11/21/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	Continued From page 1 Based on offsite review of materials, the facility failed to keep all information contained in the resident's records confidential for all residents of the facility. Findings include:  Per review of electronic mail (e-mail) correspondence, a staff member from the facility sent an e-mail to a State Agency Surveyor on 10/31/11 which included a Weight Report on 15 residents, identifying the residents by first and last name and also summarizing their weight/nutrition concerns. This information was never requested by the Surveyor for any reason and was sent to the Surveyor in error. On 11/1/11, the facility Administrator was notified of the breach in privacy by the Surveyor.  On 11/8/11, the same Surveyor was sent an e-mail which included a 401 page report that was the Consultant Pharmacist's Medication Regimen Review for May 2011 through October 2011. The Report listed all residents of the facility including first and last names and any recommendations made by the consultant pharmacist regarding each resident's medication regimen. This information was not requested for any reason by the Surveyor and was sent to the Surveyor in error.  See also F516.	F 164	<b>F516</b> <u>Corrective Action:</u> The facility prohibits the emailing of resident-identifiable information and ensures that resident-identifiable information is not released to the public.  <u>Other residents:</u> All residents are at risk.  <u>Systemic Changes:</u> (1) The facility staff, consultants, and contractors with email access, will be educated on the facility policy regarding emailing resident-identifiable information. (Attachment A1) (2) Facility consultant and contractors will be re-issued our Business Associates Agreement (Attachment A2)  <u>Monitoring:</u> The Administrator or designee will conduct 3 weekly random audits of employee emails to ensure no resident-identifiable information is being shared. x 60 days (Attachment A3). Audit findings will be reported at the bimonthly QA Meeting	
F 516 SS=C	483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS  A facility may not release information that is resident-identifiable to the public.  The facility may release information that is resident-identifiable to an agent only in	F 516	<u>Compliance Date:</u> November 27, 2011  F516 POC accepted 11/30/11 [signature]	

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F 516	<p>Continued From page 2</p> <p>accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>The facility must safeguard clinical record information against loss, destruction, or unauthorized use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on offsite review of materials, the facility failed to safeguard clinical record information against unauthorized use for all residents of the facility. Findings include:</p> <p>Per review of electronic mail (e-mail) correspondence, a staff member from the facility sent an e-mail to a State Agency Surveyor on 10/31/11 which included a Weight Report on 15 residents, identifying the residents by first and last name and also summarizing their weight/nutrition concerns. This information was never requested by the Surveyor for any reason and was sent to the Surveyor in error. On 11/1/11, the facility Administrator was notified of the breach in privacy by the Surveyor.</p> <p>On 11/8/11, the same Surveyor was sent an e-mail which included a 401 page report that was the Consultant Pharmacist's Medication Regimen Review for May 2011 through October 2011. The Report listed all residents of the facility including first and last names and any recommendations made by the consultant pharmacist regarding each resident's medication regimen. This information was not requested for any reason by</p>	F 516			

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